1390
Area 1

TO: DIVISION OF INSPECTIONS DATE: 10/24/78

FROM: HEALTH DEPARTMENT

RE: NOTIFICATION OF ISSUANCE OF SEPTIC TANK PERMIT AND/OR WELL PERMIT

OWNER'S NAME: Curtis Builders

BUILDING APPLICATION NUMBER: 10B0655

SUBDIVISION: Seneca Farms SEC: 2 BLOCK: LOT: 10

TAX MAP IDENTIFICATION AND ADDRESS: 2-2-002-10

305 Seneca Rd., Great Falls, VA 22066

HEALTH DEPARTMENT PERMIT # 79-152

SEWAGE DISPOSAL PERMIT ISSUED FOR: Dwelling

WELL PERMIT ISSUED FOR: Dwelling

SEWAGE DISPOSAL SYSTEM DESIGNED FOR 5 BEDROOMS
(ALL PERMITS FOR DWELLINGS ARE DESIGNED TO INCLUDE AUTOMATIC WASHER AND GARBAGE DISPOSAL)

RESTRICTIONS:

THE ABOVE TO BE COMPLETED IN QUADRUPLICATE EACH TIME A PERMIT IS ISSUED. ONE COPY TO PLUMBING INSPECTION BRANCH. ONE COPY TO ELECTRICAL INSPECTION BRANCH. RETAIN TWO COPIES WITH PERMIT

NOTIFICATION OF FINAL APPROVAL:

SEWAGE DISPOSAL SYSTEM

APPROVED: 8-23-79 FDV

WATER SUPPLY SYSTEM

APPROVED: 9-5-79

W H Beyer
(SIGNATURE)

ENTERED AUG 2 3 1979

UPON FINAL APPROVAL, ONE COPY TO BE FORWARDED TO PLUMBING INSPECTION BRANCH. ORIGINAL TO BE ATTACHED TO PERMIT.

W49/3-18-74

ENTERED

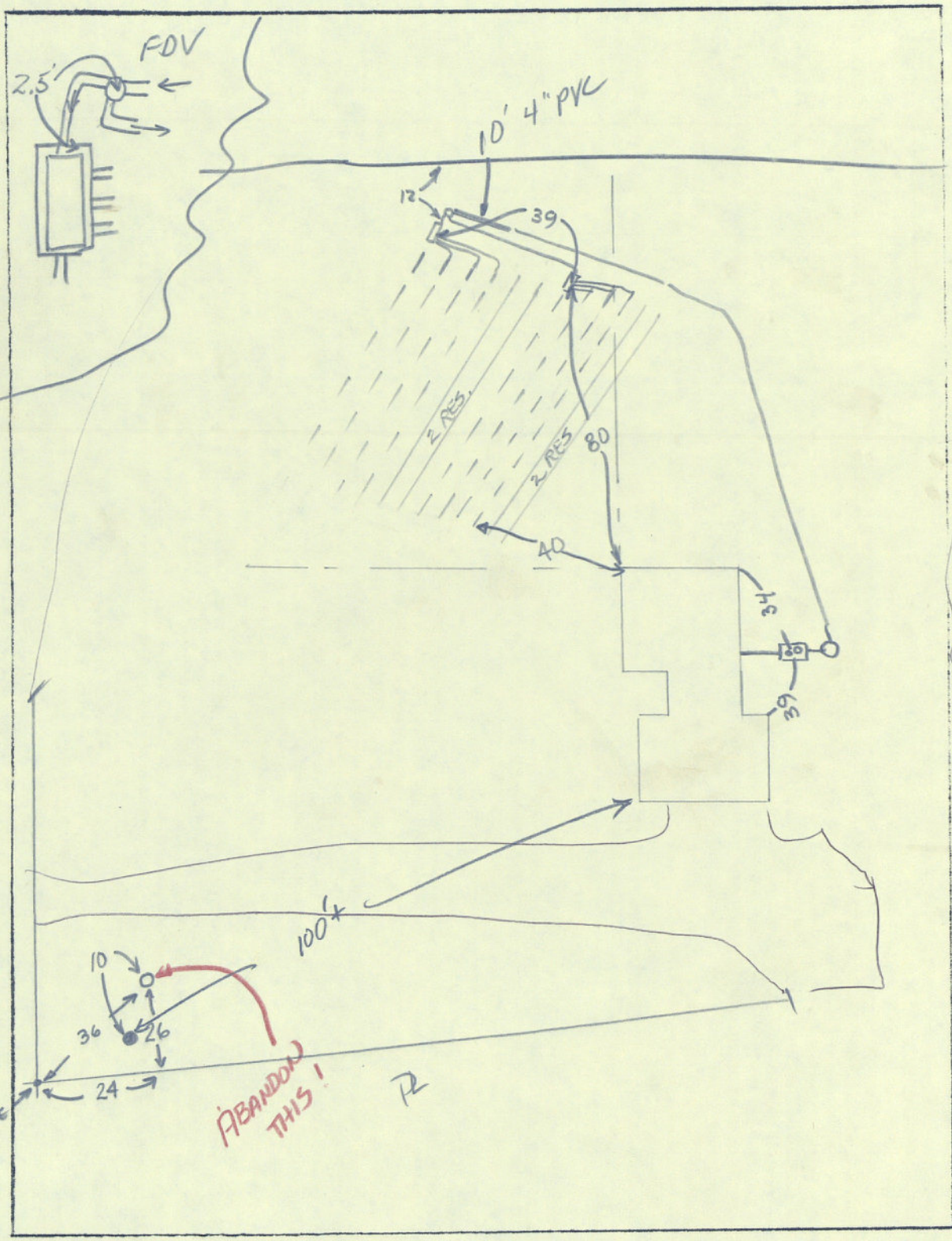
REGISTERED

2-2-002-10

PERMIT # 79-152 LOCATION: SENECA FARMS RM: XXXXXXXXX)
(Subdivision or Tax Map Ref.)

WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEMS AS INSTALLED

305 Seneca Road



Sketch to show location of septic tank flow diversion valve distribution boxes and well.

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number: 80391084

Fairfax County Health Department

Name of Company/Corporation/Individual: FIVE STAR SEPTIC

Address: 45910 Transamerica Plaza #103 Telephone: 703-716-0707

Owner's Name: Ralph Lazaro

Owner's Address: 305 Seneca Rd, Great Falls, VA 22066

Location of Installation: Lot: 10 Block:

Section: 2 Subdivision: Seneca Farms LT 10 SEC 2

Other: TM# 0022-02-0010

I hereby certify that the onsite sewage disposal system has been ~~installed~~ Repaired and completed in accordance with the construction permit issued (Date) 12/18/19 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

12/23/2019
Date

Signature and Title

C.H.S. 203 Rev. 4/83

Fairfax County Health Department
Division of Environmental Health
ONSITE SEWAGE AND WATER SECTION
PERMIT TO REPAIR ONSITE SEWAGE SYSTEM

Health Department # 80891084 **Tax Map #** 2-2-002-10 **Date** 12/18/2019

Owner Ralph Lazaro TR **Phone** 703-477-6736

Property Address 305 Seneca Rd, Great Falls, VA 22066

Subdivision Seneca Farms **Sec./Block** 2 **Lot** 10

Type of System Conventional Pump **System Design** 5 Bedroom/1000 GPD

Owner/Agent Ralph Lazaro TR **Phone** 703-477-6736

Mailing Address 305 Seneca Rd, Great Falls, VA 22066

For: ☒ Dwelling ☐ Commercial Property ☐ Other, describe: _____

This permit authorizes the following repairs:

☐ Replace and/or repair sewer line.

☐ Replace _____ malfunctioning effluent pump(s) with pump(s) rated at a minimum of 40 gpm @ _____ feet of TDH and a maximum of 80 gpm @ _____ feet of TDH. Pumps must be equivalent to originally approved pumps.
Pump Manufacturer:_____ Pump Model:_____

☒ Replace electrical junction box on the pump chamber.

☐ Replace septic tank lid and/or pump chamber lid.

☐ Replace or repair pump control box.

☐ Replace or repair force main.

☐ Replace and/or repair conveyance line and/or header lines

☐ Replace damaged flow diversion valve and/or valve stem.

☐ Replace ___ malfunctioning pump chamber float(s) and/or ___ gate valve(s) and/or ___ check valve(s) and/or piping. Reset drawdown between on and off float to ____ inches.

☒ Replace and/or reparge 1 damaged distribution box (es).

☐ Replace outlet and/or inlet tee(s).

☒ Other: Install new concrete riser on pump station

Comments: _____

Note: Repairs must be made in accordance with all applicable State Regulations and County Codes. All repairs must be inspected by the Fairfax County Health Department upon completion. Contact the Fairfax County Health Department at 703-246-2201 to arrange for an inspection date.

Further repairs may be required to the Onsite Sewage System if problems are identified during repairs and/or inspections. This Onsite Sewage System repair is null and void if conditions are changed from those shown on the repair permit. No part of any repair shall be covered until inspected, corrections made if necessary, and approved, by the Health Department or unless expressly authorized by the Health Department. Any part of any repair which has been covered prior to approval shall be uncovered, upon the direction of the Department.

Date: 12/18/2019 **Issued by:** Greg Gordon
Environmental Health Specialist

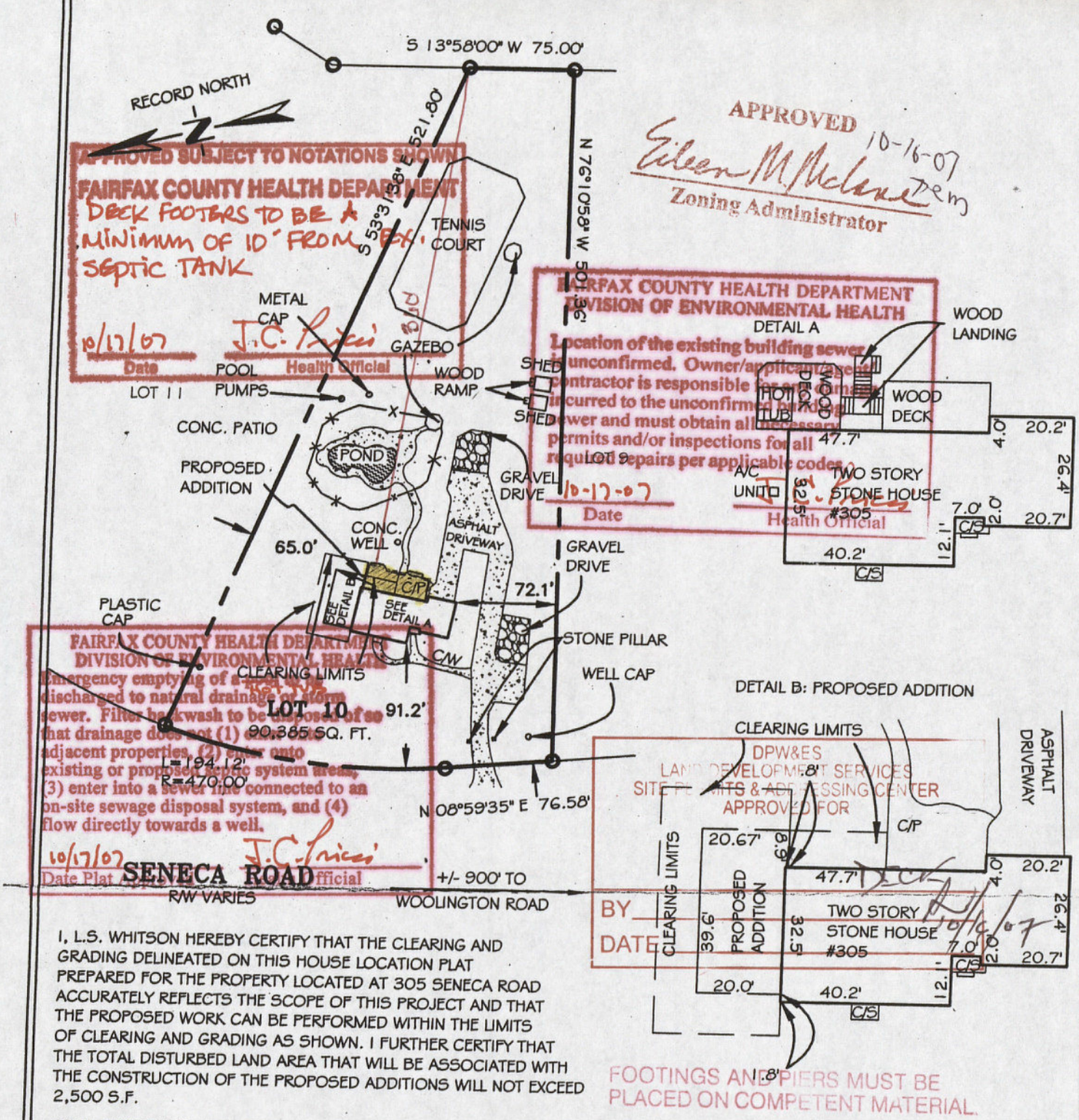
Date: 12-23-19 **Repairs Approved by:** Crystal Compton
Environmental Health Specialist

Date: 12/24/19 **Reviewed by:** Kevin R Wyatt
Environmental Health Supervisor

EHO21-12/10
REV. 9-2018 V2

SDS Contractor: Five Star Septic

T 44A



APPROVED
Eileen M McLane 10-16-07
Zoning Administrator

FAIRFAX COUNTY HEALTH DEPARTMENT
DECK FOOTERS TO BE A MINIMUM OF 10' FROM SEPTIC TANK
10/17/07 J.C. Prices
Date Health Official

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
Location of the existing building sewer is unconfirmed. Owner/applicant/agent/contractor is responsible for any corrective work incurred to the unconfirmed building sewer and must obtain all necessary permits and/or inspections for all required repairs per applicable codes.
10-17-07 J.C. Prices
Date Health Official

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH
Emergency emptying of a septic tank shall not be discharged to natural drainage systems or storm sewer. Filter backwash to be disposed of so that drainage does not (1) enter onto adjacent properties, (2) enter onto existing or proposed public system areas, (3) enter into a sewer line connected to an on-site sewage disposal system, and (4) flow directly towards a well.
10/17/07 J.C. Prices
Date Plat Official

DPW&ES
LAND DEVELOPMENT SERVICES
SITE PLANS & ADDRESSING CENTER
APPROVED FOR
BY
DATE

FOOTINGS AND PIERS MUST BE PLACED ON COMPETENT MATERIAL.

I, L.S. WHITSON HEREBY CERTIFY THAT THE CLEARING AND GRADING DELINEATED ON THIS HOUSE LOCATION PLAT PREPARED FOR THE PROPERTY LOCATED AT 305 SENECA ROAD ACCURATELY REFLECTS THE SCOPE OF THIS PROJECT AND THAT THE PROPOSED WORK CAN BE PERFORMED WITHIN THE LIMITS OF CLEARING AND GRADING AS SHOWN. I FURTHER CERTIFY THAT THE TOTAL DISTURBED LAND AREA THAT WILL BE ASSOCIATED WITH THE CONSTRUCTION OF THE PROPOSED ADDITIONS WILL NOT EXCEED 2,500 S.F.

TOTAL DISTURBED AREA = 2,008 S.F.

HOUSE LOCATION SURVEY

LOT 10 SECTION 2
SENECA FARMS
DEED BOOK 4382 PAGE 727
FAIRFAX COUNTY, VIRGINIA
DATE: APRIL 4, 2007
SCALE: 1" = 100'
DRAFTED BY: RLO

COMMONWEALTH OF VIRGINIA
L.S. WHITSON
No. 1784
4/4/2007
LAND SURVEYOR

LEGEND

C/W = CONC WALK	C/P = CONC PATIO
S/W = STONE WALK	R/E = RECESSED ENTRY
W/L = WOOD LANDING	CHIM = CHIMNEY
B/L = BRICK LANDING	O.H. = OVERHANG
W/D = WOOD DECK	B/W = BAY WINDOW
C/S = CONC STOOP	OHW = OVERHEAD WIRE
M/S = METAL STOOP	A/W = AREA WAY
C/C/S = COVERED CONC STOOP	O = MONUMENT FOUND
	—x— = FENCE

NOTES

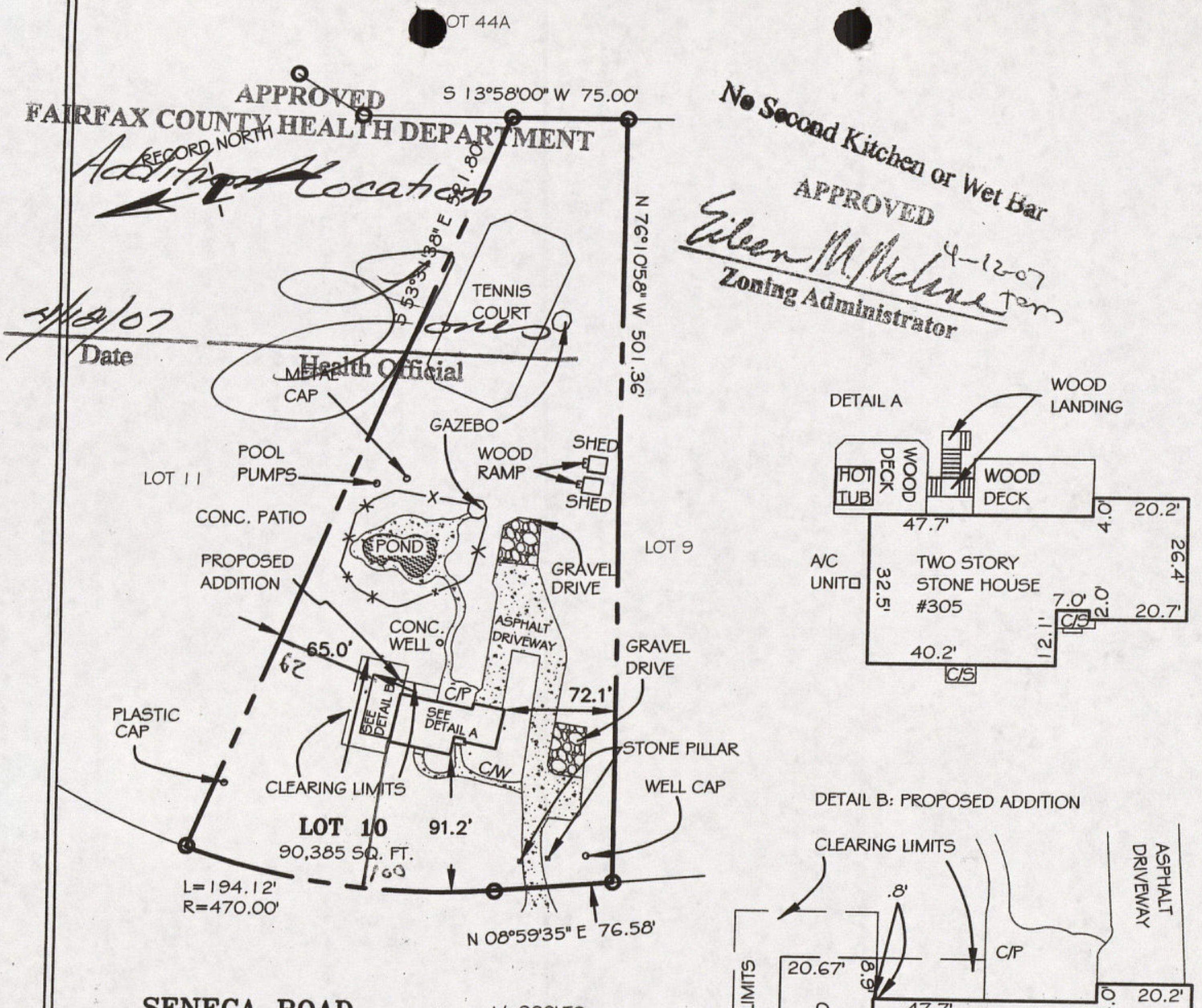
1. "NO" PROPERTY CORNER MONUMENTS SET. REFER TO TITLE 54.1-407 OF THE CODE OF VIRGINIA;
2. THIS HOUSE LOCATION SURVEY WAS PERFORMED AT THE WRITTEN REQUEST OF YOUR LEGAL AGENT AND DOES NOT REPRESENT A BOUNDARY SURVEY.
3. THIS SURVEY IS NOT TO BE USED FOR THE CONSTRUCTION OF FENCES OR ANY OTHER IMPROVEMENTS.
4. THIS SURVEY WAS ESTABLISHED BY AN ELECTRONIC TOTAL STATION AND TAPE UNLESS OTHERWISE SHOWN THERE ARE NO ENCROACHMENTS.
5. NO TITLE REPORT WAS FURNISHED. ALL EASEMENTS OF RECORD MAY NOT BE SHOWN.

SAM WHITSON LAND SURVEYING, INC.
7061 GATEWAY COURT SUITE 150
MANASSAS, VIRGINIA 20109
PHONE: (703) 330-9622 FAX: (703) 330-9778

OWNER: LAZARO

W.O. #07-587

HEALTH DEPARTMENT COPY



LOT 44A
S 13°58'00" W 75.00'
RECORD NORTH
S 53°53'38" E 521.80'
N 76°10'58" W 501.36'
APPROVED
FAIRFAX COUNTY HEALTH DEPARTMENT
Additional Location
4/9/07
Date
Health Official
No Second Kitchen or Wet Bar
APPROVED
Eileen M McLane 4-12-07
Zoning Administrator
TENNIS COURT
METAL CAP
GAZEBO
POOL PUMPS
LOT 11
WOOD RAMP
SHED
SHED
CONC. PATIO
POND
PROPOSED ADDITION
GRAVEL DRIVE
LOT 9
CONC. WELL
ASPHALT DRIVEWAY
65.0'
GRAVEL DRIVE
C/P
SEE DETAIL B
SEE DETAIL A
72.1'
PLASTIC CAP
STONE PILLAR
C/W
CLEARING LIMITS
WELL CAP
LOT 10
90,385 SQ. FT.
91.2'
L=194.12'
R=470.00'
N 08°59'35" E 76.58'
DETAIL A
WOOD LANDING
HOT TUB
WOOD DECK
WOOD DECK
47.7'
20.2'
4.0'
26.4'
A/C UNIT
32.5'
TWO STORY STONE HOUSE #305
7.0'
2.0'
20.7'
C/S
12.1'
40.2'
C/S
DETAIL B: PROPOSED ADDITION
CLEARING LIMITS
.8'
ASPHALT DRIVEWAY
C/P
20.67'
8.9'
47.7'
4.0'
20.2'
CLEARING LIMITS
39.6'
PROPOSED ADDITION
32.5'
TWO STORY STONE HOUSE #305
26.4'
7.0'
2.0'
20.7'
C/S
12.1'
20.0'
40.2'
C/S
.8'

SENECA ROAD
R/W VARIES

+/- 900' TO WOOLINGTON ROAD

DAMP PROOFING WATERPROOFING REQUIRED IN ACCORDANCE WITH BUILDING CODES

I, L.S. WHITSON HEREBY CERTIFY THAT THE CLEARING AND GRADING DELINEATED ON THIS HOUSE LOCATION PLAT PREPARED FOR THE PROPERTY LOCATED AT 305 SENECA ROAD ACCURATELY REFLECTS THE SCOPE OF THIS PROJECT AND THAT THE PROPOSED WORK CAN BE PERFORMED WITHIN THE LIMITS OF CLEARING AND GRADING AS SHOWN. I FURTHER CERTIFY THAT THE TOTAL DISTURBED LAND AREA THAT WILL BE ASSOCIATED WITH THE CONSTRUCTION OF THE PROPOSED ADDITIONS WILL NOT EXCEED 2,500 S.F.

TOTAL DISTURBED AREA = 2,008 S.F.

EXTERIOR AND INTERIOR PERIMETER FOUNDATION DRAINS REQUIRED CONNECTED THROUGH FOUNDATION/OUTLETED TO DAYLIGHT
( ) Gravity Flow Outlets
( ) Sump Pump
SHOW DRAIN AND OUTLET DETAIL ON PLANS

FOOTINGS AND PIERS MUST BE PLACED ON COMPETENT MATERIAL.

HEALTH DEPARTMENT COPY

HOUSE LOCATION SURVEY

LOT 10 SECTION 2
SENECA FARMS
DEED BOOK 4382 PAGE 727
FAIRFAX COUNTY, VIRGINIA
DATE: APRIL 4, 2007
SCALE: 1" = 100'
DRAFTED BY: RLO

TOTAL EARTH DISTURBANCE ON THIS LOT SHALL NOT EXCEED 2500 SQ. FT.

COMMONWEALTH OF VIRGINIA
L.S. WHITSON
No. 1784
4/4/2007
LAND SURVEYOR

LEGEND

C/W = CONC WALK	C/P = CONC PATIO
S/W = STONE WALK	R/E = RECESSED ENTRY
W/L = WOOD LANDING	CHIM = CHIMNEY
B/L = BRICK LANDING	O.H. = OVERHANG
W/D = WOOD DECK	B/W = BAY WINDOW
C/S = CONC STOOP	OHW = OVERHEAD WIRE
M/S = METAL STOOP	A/W = AREA WAY
C/C/S = COVERED CONC STOOP	⊙ = MONUMENT FOUND
	—x— = FENCE

DPW&ES
LAND DEVELOPMENT SERVICES
SITE PERMITS / ADDRESSING CENTER
APPROVED FOR
1 STRY W/ BSMT
BY AAW
DATE 4/12/07

NOTES

1. "NO" PROPERTY CORNER MONUMENTS SET. REFER TO TITLE 54.1-407 OF THE CODE OF VIRGINIA.
2. THIS HOUSE LOCATION SURVEY WAS PERFORMED AT THE WRITTEN REQUEST OF YOUR LEGAL AGENT AND DOES NOT REPRESENT A BOUNDARY SURVEY.
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4. THIS SURVEY WAS ESTABLISHED BY AN ELECTRONIC TOTAL STATION AND TAPE UNLESS OTHERWISE SHOWN THERE ARE NO ENCROACHMENTS.
5. NO TITLE REPORT WAS FURNISHED. ALL EASEMENTS OF RECORD MAY NOT BE SHOWN.

EXCAVATED MATERIAL SHALL BE ...

SAM WHITSON LAND SURVEYING, INC.
7061 GATEWAY COURT SUITE 150
MANASSAS, VIRGINIA 20109
PHONE: (703) 330-9622 FAX: (703) 330-9778

OWNER: LAZARO

W.O. #07-587

Completion Statement

Commonwealth of Virginia
State Department of Health

Health Department Identification Number 12997-0458

Fairfax County Health Department

Name of Company/Corporation/Individual: Great Falls Septic

Address: _____ Telephone: 689-1063

Owner's Name Forazo, R.

Owner's Address 305 Seneca Rd, Gt. Falls, VA 22066

Location of Installation: Lot 10 Block _____

Section: 2 Subdivision: Seneca Farms

Other: Tm# 2-2-002-10 1 pump, 2 check valves Repaired

I hereby certify that the onsite sewage disposal system has been installed and completed in accordance with the construction permit issued (date) 4-23-97 and is in compliance with Part D of the Sewage Handling and Disposal Regulations and when appropriate the plans and specifications for the project.

4-23-97
Date

Just J. Muse
Signature and Title

C.H.S. 203 Rev. 4/83

Water Supply and/or Sewage Disposal System Construction Permit

Commonwealth of Virginia
Department of Health
FAIRFAX COUNTY Health Department

Health Department Identification Number 129-97-0458
Map Reference 2-2002-10

General Information

Water Supply System: New ____ Repair ____ Public ____ FHA ____ VA ____ Case No. n/a
Sewage Disposal System: New ____ Repair x Expanded ____ Conditional ____ Public ____

Based on the application for a sewage disposal system construction permit filed in accordance with Section 2.13 E, of the Sewage Handling and Disposal Regulations and/or Section 2.13 of the Private Well Regulations a construction permit is hereby issued to:

Owner RALPH & LINDA LAZARO Telephone 689-1063
Address SAME AS BELOW For a Type II Sewage Disposal System or Well to be constructed on/at 305 SENECA ROAD GREAT FALLS, VA 22066
Subdivision SENECA FARMS Section/Block 2 Lot 10 Actual or estimated water use 5 BEDROOMS

DESIGN	NOTE: SEWAGE DISPOSAL SYSTEM INSPECTION RESULTS
Water supply, existing: (describe) DRILLED WELL **To be installed:** class N/A cased ____ grouted ____	**Water supply location:** Satisfactory yes ☐ no ☐ comments Completion Report G. W. 2 Received: yes ☐ no ☐ not applicable ☒
Building sewer: ____ I.D. PVC Schedule 40, or equivalent. Slope 1.25" per 10' (minimum). ☐ Other ____	**Building sewer:** yes ☐ no ☐ comments Satisfactory
Septic tank: Capacity ____ gals. (minimum). ☐ Other ____	**Pretreatment unit:** yes ☐ no ☐ comments Satisfactory
Inlet-outlet structure: PVC Schedule 40, 4" tees or equivalent. ☐ Other ____	**Inlet-outlet structure:** yes ☐ no ☐ comments Satisfactory
Pump and pump station: No ☐ Yes ☒ describe and show design. if yes: REPAIR PUMPING STATION AS PER PG#2	**Pump & pump station:** yes ☐ no ☐ comments Satisfactory One Zoeller W163 on blk, 2 Boss Valves. Same the piping
Gravity mains: 3" or larger I.D., minimum 6" fall per 100', 1500 lb. crush strength or equivalent. ☐ Other ____	**Conveyance method:** yes ☐ no ☐ comments Satisfactory
Distribution box: Precast concrete with ____ ports. ☐ Other ____	**Distribution box:** yes ☐ no ☐ comments Satisfactory
Header lines: Material: 4" I.D. 1500 lb. crush strength plastic or equivalent from distribution box to 2' into absorption trench. Slope 2" minimum. ☐ Other ____	**Header lines:** yes ☐ no ☐ comments Satisfactory
Percolation lines: Gravity 4" plastic 1000 lb. per foot bearing load or equivalent, slope 2" 4" (min. max.) per 100'. ☐ Other ____	**Percolation lines:** yes ☐ no ☐ comments Satisfactory
Absorption trenches: Square ft. required ____ ; depth from ground surface to bottom of trench ____ ; aggregate size ____ : Trench bottom slope ____ ; center to center spacing ____ ; trench width ____ Depth of aggregate ____ ; Trench length ____ ; Number of trenches ____	**Absorption trenches:** yes ☐ no ☐ comments Satisfactory APPROVAL OF REPAIRS ONLY Date 4-23-97 Inspected and approved by: 4-23-97 Sanitarian

C.H.S 202A SDS CONTRACTOR; GREAT FALLS SEPTIC.

Health Department
Identification Number 129-97-0458

Schematic drawing of sewage disposal and/or water supply system and topographic features.

Show the lot lines of the building site, sketch of property showing any topographic features which may impact on the design of the well or sewage disposal system, including existing and/or proposed structures and sewage disposal systems and wells within 200 feet. The schematic drawing of the well site or area and/or sewage disposal system shall show sewer lines, pretreatment unit, pump station, conveyance system, and subsurface soil absorption system, reserve area, etc. When a nonpublic drinking water supply is to be permitted, show all sources of pollution within 200 feet.

☑ The information required above has been drawn on the attached copy of the sketch submitted with the application. Attach additional sheets as necessary to illustrate the design.

THIS PERMIT AUTHORIZES THE FOLLOWING REPAIRS

1. REPLACE MALFUNCTIONING PUMP WITH ONE OF EQUIVELENT TDH REQUIREMENTS.
2. REPLACE TWO MALFUNCTIONING BRASS CHECK VALVES.
3. REPLACE ANY BROKEN PIPEING IN PUMP PIT.
4. CALL FOR AN INSPECTION WHEN REPAIRS ARE COMPLETED.

FOLLOW ALL APPLICABLE FAIRFAX COUNTY CODES AND STATE REGULATIONS

This sewage disposal system and/or water supply is to be ~~constructed~~ REPAIRED as specified by the permit X or attached plans and specifications _____ .

This sewage disposal system and/or well construction permit is null and void if (a) conditions are changed from those shown on the application (b) conditions are changed from those shown on the construction permit.

No part of any installation shall be covered or used until inspected, corrections made if necessary, and approved, by the local health department or unless expressly authorized by the local health dept. Any part of any installation which has been covered prior to approval shall be uncovered, if necessary, upon the direction of the Department.

Date: 4-23-97 **Issued by:** _____
Sanitarian

Date: 4-23-97 **Reviewed by:** _____
Supervisory Sanitarian

This Construction Permit Valid until
N/A

If FHA or VA financing

Reviewed by Date _____ _____ **Date** _____ _____
Supervisory Sanitarian Regional Sanitarian

C.H.S. 202B

FILE COPY

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

EVALUATION REPORT OF
INDIVIDUAL SEWAGE DISPOSAL AND WATER SUPPLY SYSTEMS

PROPERTY ADDRESS 305 SENECA RD., GREAT FALLS, VA. 22066 Seneca Farm, Sec. 2 2-2-002-10 (Tax Map or Subdivision)

OWNER Ralph A. Lazaro PHONE: 430-8610/759-3011

ADDRESS _____ ZIP: _____

EVALUATION REQUESTED BY: Owner DATE: 11/5/86 PHONE: _____

SEND REPORT TO Owner

****

WATER SUPPLY: PUBLIC ____ PRIVATE X PUBLIC WATER AVAILABLE YES ____ NO X

DUG WELL ____ BORED WELL ____ DRILLED WELL X OTHER ____

THE WATER SUPPLY SYSTEM APPEARS TO BE: SATISFACTORY X UNSATISFACTORY ____

REMARKS: _____

SEWAGE DISPOSAL: PUBLIC ____ PRIVATE X PUBLIC SEWER AVAILABLE YES ____ NO X

Number of bedrooms existing 5 Number of bedrooms system designed for 5
Automatic washer installed YES X NO ___ System designed for auto. washer YES X NO ___
Garbage disposal installed YES X NO ___ System designed for disposal YES X NO ___
Trees, driveways, swimming pools etc., over the drainfield YES ___ NO X
Dwelling continuously occupied prior to evaluation (How Long? 7 years) YES X NO ___
Occupancy Confirmed by: Mr. Lazaro

ON THE DATE OF EVALUATION:

X Sewage disposal system appears to be functioning satisfactorily.

___ Sewage disposal system appears to be functioning satisfactorily. However based upon the above information, the potential loading of the system is in excess of design and does not meet State and local regulations.

___ Sewage disposal system appears to be malfunctioning as follows:
___ Sewage surfacing
___ Sewage (waste water) piped to ground surface.
___ Sewage backing up in house plumbing.

___ Other (See Remarks)

REMARKS: Sewage pump station not open for inspection, pump system appears satisfactory based on inspection of control panel and information supplied by owner.

EVALUATION OF THE WATER SUPPLY SYSTEM (INCLUDING BACTERIOLOGICAL ANALYSIS) AND/OR SEWAGE DISPOSAL SYSTEM IS BASED ON RECORDS, IF AVAILABLE, AND A VISUAL SURFACE INSPECTION.

DATE OF EVALUATION 11/18/86 SANITARIAN Ed Pippin

DATE OF REVIEW 11/25/86 SUPERVISOR Dennis A. Hill, R.S.

DAH:ELP:ftn

Rev. 8/79

REGISTERED

RECORD OF INSPECTION-SEWAGE DISPOSAL SYSTEM

Date _____ Case No. _____

Owner Curtis Builders Address 13754 Lowe St., Chantilly VA 22021 (Mailing Address) Phone 437-1224/790-0041

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of Premises 305 Seneca Rd., Great Falls, 22066 SENECA TM: 2-2-002-10
(Subdivision, Street or Road Name, Section or Lot No.)

WATER SUPPLY INSPECTION

Installed according to Permit Design ☐ Yes ☐ No. Distance to nearest House Sewer _____ feet. Distance to nearest Sewage Disposal System _____ feet. (Use Form LHS-143 for Detailed inspection of Water Supply Reference Materials.)

SEWAGE DISPOSAL SYSTEM INSPECTION

(1) LOCATION
Allotted Area adequate ☒ Yes ☐ No. Distance from nearest lot lines 10+ feet. Trees 10+ feet.
Water Supplies _____ feet. Buildings 20+ feet.

(2) INSTALLATION AND DESIGN
Installed according to Permit Design ☒ Yes ☐ No.
Have additional Household Appliances been added NOT on Permit:
☐ Automatic Washer ☐ Garbage Disposal
☐ Other _____ (Describe)

(3) SOIL CONDITION
Are there soil conditions now evident which indicate system may be unsatisfactory as designed: ☐ Yes ☒ No. If Yes, show adjustments required under "Remarks" below.

(4) HOUSE SEWER LINE
Installed ☐ Yes ☐ No. Type of material _____ Size _____ Inches.

(5) SEPTIC TANK
Constructed of LAWSON 1875 (Kind of Material)
Inside Dimensions Length _____ feet. Width _____ feet.
Liquid Depth _____ feet. Depth of Air Space _____ inches.
Inside Fittings comply with requirements ☑ Yes ☐ No.

(6) DISTRIBUTION BOX
Watertight and equal surcharge to each line by Water Test ☑ Yes ☐ No. Distribution Box provided with (2)(2) (Number) extra outlets for future use.

(7) SUBSURFACE ABSORPTION FIELD
Total Area in bottom of ditches 1232+ 616R square feet.
Number of ditches 8 Length of ditches 77 feet.
Grade of ditches Minimum 2 Inches per 100 feet.
Maximum 4 inches per 100 feet. Has system been checked by instruments (Level) ☒ Yes ☐ No.
Type aggregate used Blue stone
Depth of aggregate under Tile 32 inches
Total depth of aggregate 40+ inches
Depth of backfill over aggregate 18-22 17-24 inches

(8) SURFACE DRAINAGE
Storm Drains from House and Basement flowing away from Subsurface Drainage Field: ☑ Yes ☐ No. Was Surface Drainage required ☑ Yes ☐ No. If Yes, has this been provided ☑ Yes ☐ No. Has area been drained by lowering Ground Water Table: ☐ Yes ☐ No. ☑ Not required.

(9) Are follow-up inspections necessary ☐ Yes ☑ No.

BULL RUN #1

Septic Tank Contractor: AL HOLLAND Address _____ Phone _____

This Sewage Disposal System (Is) (Is Not) Approved by FAIRFAX CO. Health Department

Date 8/01/79 Signed D. Case (Sanitarian)

Date 8/23/79 Approved _____ (Reviewing Authority)

With proper maintenance, approved Sewage Disposal systems may be expected to function satisfactorily, provided no overloading or physical damage occurs to the system. Remarks: HYDROMATIC SP50AH INSTALLED.

Virginia Department of Health
LHS-141 Rev. 1/76

WATER SUPPLY

County/City: Fairfax Co. Date 5-18-79 Case No.

☐ Proposed ☐ Public ☒ Non-Public Drinking
☒ Record of Inspection ☐ Quasi - Public

Owner Curtis Builders Address 13754 Lowe St. Chantilyyy (Mailing Address) Phone 437-1224

Occupant Address (Mailing Address) Phone

Exact Location of Premises 305 Seneca Road Great Falls, Va. 22066 SENECA FARMS 2-2-002-10
(Subdivision, Street or Road Name, Section or Lot No.)

TYPE CUSTOMERS: ☐ Community ☐ Industrial ☐ Recreational ☐ Other:

TYPE SOURCE PROPOSED:

TOTAL PROPOSED ULTIMATE CONNECTIONS:

TOTAL PROPOSED ULTIMATE PERSONS (EMPLOYEES) SERVED:

TOTAL PROPOSED PRESENT CONNECTIONS:

TOTAL PROPOSED PRESENT POPULATION SERVED:

* Notify Division of Engineering (Regional Engineer) of impending development of a Public Water Supply.

AN INDIVIDUAL WATER SUPPLY ☒ New ☐ Existing FROM ☒ Drilled Well ☐ Driven Well ☐ Bored Well
☐ Dug Well ☐ Other FOR ☐ Home ☐ Restaurant ☐ Trailer Court ☐ Motel
☐ Service Station ☐ Other

If a new supply, inspect for compliance with standards. If an existing supply, furnish as much information as may be available.
SOURCE OF INFORMATION well log + inspection IS PUBLIC WATER SUPPLY AVAILABLE ☐ Yes ☐ No
SEWAGE DISPOSAL BY ☐ PUBLIC SEWER ☐ COMMUNITY SYSTEM ☑ INDIVIDUAL SYSTEM ON SITE.

VALLEY DRILLING / Bell

INSPECTION FINDINGS

(1) WATERSHED Surface Drainage away from source in all directions ☒ Yes ☐ No. Distance Source from possible causes of contamination Sewer Line feet. Type of material used in Sewer Line (Describe) Septic Tank feet.
Seepage Pit feet. Subsurface Absorption Field (nearest point) feet. Other feet.
Note any serious obstacles in watershed on back of form.

(2) TYPE OF SOIL FORMATION ☐ Tight Clay ☐ Limestone ☐ Sandstone ☐ Other (Describe)

(3) CLASSIFICATION OF WELL ☐ Type - 1 ☐ Type - 2A ☐ Type - 2B ☐ Type - 3 ☐ Other

(4) CONSTRUCTION DETAILS Total depth 145 feet. Diameter 6 inches. Type of casing Steel - 15 (Describe) Depth of casing 62 feet. Exterior space around casing sealed with ☒ Concrete grout to depth of 55 feet. ☐ Poured in place ☒ Pumped in under pressure ☐ Other type backfill (Describe) to depth of feet. casing extends 12 inches above ground.

(5) WATER SOURCE COVER ☐ Concrete ☑ Metal ☐ Other (Kind of Material) Opening in Cover watertight ☐ Yes ☐ No. If no, explain pitless adapter

(6) PUMP ☐ Shallow Well ☒ Deep Well. Length of Drop Pipe feet. Well capacity 15 gallons per minute. Size of Feeder Pipe 1 0 inches.

(7) PUMP LOCATION ☒ In Well ☐ Over Well ☐ Offset.
If offset, does watertight casing extend to Pump ☐ Yes ☐ No Pump room located feet from Well.
Pump room drained by gravity through 4 - inch or larger pipe to surface to ground ☐ Yes ☐ No. Pump platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions, sloped to drain; ☐ Yes ☐ No. Pump mounting watertight ☐ Yes ☐ No.
Sanitary Well Seal in casing and properly vented ☐ Yes ☐ No.

(8) TYPE OF STORAGE ☒ Pressure ☐ Gravity. Capacity 82 XTROL gallons. If gravity, is overflow pipe screened ☐ Yes ☐ No.

THIS WATER SUPPLY SYSTEM ☒ Is ☐ Is not ☐ Recommended ☒ Approved by FAIRFAX Co. ☐ Div. Engineering ☑ Health Department

REMARKS: 0-52 overburden
52-145 blue stone

Date 9/5/79 Signed D. Case Date 9-5-79 Approved (Health Director)

Date Approved Date Approved (Reviewing Authority—Other Agency or Engineer)

Virginia State Health Department
LHS - 143 Rev. 3/74

WATER SUPPLY

County/City Fairfax Co. Date 5-14-79 Case No. _____

☐ Proposed ☐ Public ☒ Non-Public Drinking
☒ Record of Inspection ☐ Quasi-Public

Owner Curtis Builders Address 13754 Lowe St. Chantilly 22021 (Mailing Address) Phone 437-1224/790-0041

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of Premises 305 Seneca Rd. Great Falls, Va. 22066 SENECA FARMS 2-2-002-10
(Subdivision, Street or Road Name, Section or Lot No.)

TYPE CUSTOMERS: ☐ Community ☐ Industrial ☐ Recreational ☐ Other:

TYPE SOURCE PROPOSED: _____

TOTAL PROPOSED ULTIMATE CONNECTIONS: _____

TOTAL PROPOSED ULTIMATE PERSONS (EMPLOYEES) SERVED: _____

TOTAL PROPOSED PRESENT CONNECTIONS: _____

TOTAL PROPOSED PRESENT POPULATION SERVED: _____

*** Notify Division of Engineering (Regional Engineer) of impending development of a Public Water Supply.**

AN INDIVIDUAL WATER SUPPLY ☒ New ☐ Existing FROM ☒ Drilled Well ☐ Driven Well ☐ Bored Well
☐ Dug Well ☐ Other _____ FOR ☒ Home ☐ Restaurant ☐ Trailer Court ☐ Motel
☐ Service Station ☐ Other _____

If a new supply, inspect for compliance with standards. If an existing supply, furnish as much information as may be available.

SOURCE OF INFORMATION _____ IS PUBLIC WATER SUPPLY AVAILABLE ☐ Yes ☒ No

SEWAGE DISPOSAL BY ☐ PUBLIC SEWER ☐ COMMUNITY SYSTEM ☒ INDIVIDUAL SYSTEM ON SITE.

INSPECTION FINDINGS

VALLEY DRILLING

(1) WATERSHED Surface Drainage away from source in all directions ☒ Yes ☐ No. Distance Source from possible causes of contamination Sewer Line ____ feet. Type of material used in Sewer Line _____ (Describe) Septic Tank _____ feet. Seepage Pit ____ feet. Subsurface Absorption Field (nearest point) ____ feet. Other _____ feet.
Note any serious obstacles in watershed on back of form.

(2) TYPE OF SOIL FORMATION ☐ Tight Clay ☐ Limestone ☐ Sandstone ☐ Other _____ (Describe)

(3) CLASSIFICATION OF WELL ☐ Type - 1 ☐ Type - 2A ☐ Type - 2B ☐ Type - 3 ☐ Other

(4) CONSTRUCTION DETAILS Total depth 375 feet. Diameter 6 inches. Type of casing steel (Describe) Depth of casing 75 feet. Exterior space around casing sealed with ☒ Concrete grout to depth of 50'+ feet. ☐ Poured in place ☒ Pumped in under pressure ☐ Other type backfill _____ (Describe) to depth of _____ feet. casing extends 12 inches above ground.

(5) WATER SOURCE COVER ☐ Concrete ☐ Metal ☐ Other _____ (Kind of Material) Opening in Cover watertight ☐ Yes ☐ No. If no, explain _____

(6) PUMP ☐ Shallow Well ☐ Deep Well. Length of Drop Pipe _____ feet. Well capacity 4 gallons per minute. Size of Feeder Pipe _____ inches.

(7) PUMP LOCATION ☐ In Well ☐ Over Well ☐ Offset. If offset, does watertight casing extend to Pump ☐ Yes ☐ No Pump room located _____ feet from Well. Pump room drained by gravity through 4 - inch or larger pipe to surface to ground ☐ Yes ☐ No. Pump platform of concrete or other impervious material, at least 4 inches thick at casing, extending at least 24 inches in all directions, sloped to drain: ☐ Yes ☐ No. Pump mounting watertight ☐ Yes ☐ No. Sanitary Well Seal in casing and properly vented ☐ Yes ☐ No.

(8) TYPE OF STORAGE ☐ Pressure ☐ Gravity. Capacity _____ gallons. If gravity, is overflow pipe screened ☐ Yes ☐ No.

THIS WATER SUPPLY SYSTEM ☐ Is ☐ Is not ☐ Recommended ☐ Approved by _____ ☐ Div. Engineering ☐ Health Department

REMARKS: THIS WELL IS TO BE ABANDONED. — SEE 5-14-79 PERMIT WELL FILLED WITH CHIPS + GROUT 6/15/79

Date _____ Signed _____ Date _____ Approved _____ (Health Director)

Date _____ Approved _____ Date _____ Approved _____ (Reviewing Authority-Other Agency or Engineer) C.O. Jones

Virginia State Health Department
LHS-143 Rev. 3/74

PERMIT TO INSTALL ☐ REPAIR, ☐ REASONS FOR REJECTION ☐
WATER SUPPLY ☐ SEWAGE DISPOSAL SYSTEM ☐

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
(3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA ☐ Yes ☐ No Date 3/30/79 Case No. _____

Owner Curtis Builders Address 13754 Lowe St., Chantilly, VA 22021 (Mailing Address) Phone 437-1224/790-0041

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of premises 305 Seneca Rd., Great Falls, 22066 SENECA TM: 2-2-002-10
(Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other _____ Automatic Washing Machine ☒ Yes ☐ No Consumption _____ gal. per day
Actual ☒ Potential ☐ Bedrooms 5 Garbage Disposal Unit ☒ Yes ☐ No (☐ Actual ☐ estimated Water)
Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved Yes ☐ No ☐ Other _____
(To be installed) Class * Cased 50+ ft. to be grouted 50+ ft. Install According to Fairfax County Code
(Unless supported by positive evidence Class III is to be considered as to be installed.)

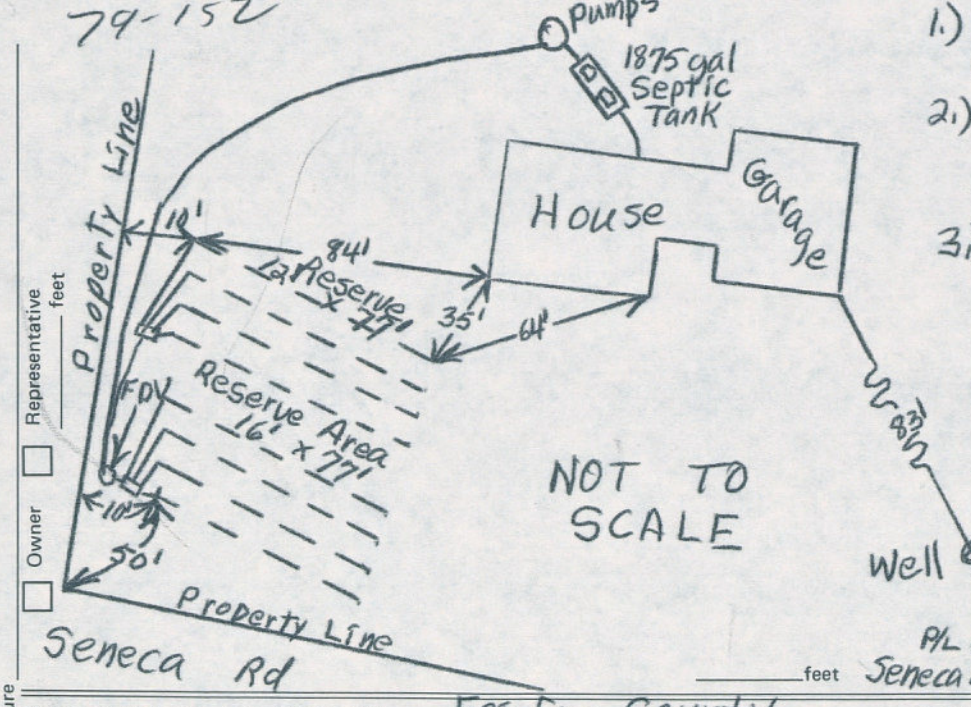
(2) SOIL STUDY Naturally drained, suitable by sight ☒ Yes ☐ No Technical Classification _____ (If Known)
Estimated Percolation Rate (Minutes per inch) 1-10 ☐ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☒ Yes No ☐ Rate 10 at 60' (Minutes per inch to nearest 10 minutes)
Depth to Grey Mottles None to 60+ inches (estimate over 4 ft.) OTHER _____
Surface drainage required ☐ Yes ☒ No OTHER DRAINAGE None

(3) HOUSE SEWER LINE Size _____ inches. Type of material required _____. Distance from Water Supply _____ feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of Pre Cast Concrete Material Liquid Capacity 1875 gallons.
Inside Dimensions Length _____ feet. Width _____ feet. Liquid Depth _____ feet. Depth of Air Space _____ feet.

(5) SUBSURFACE ABSORPTION FIELD Number of square feet required 1220 Type aggregate required Gravel (Broken Stone)
Depth of aggregate from base of tile to bottom of ditches _____ inches. Allowable fall 2 to 4 inches.
Total aggregate minimum depth 40 inches or more. Depth of drainfield to be 60 inches from surface of original ground.
Distance from well to septic tank 50+ feet; distance from well to drainfield 100+ feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



1.) From Header end of Lines, Cut 10" out to grade at far end,
2.) Install 8 Lines 77' Long, 2' wide, on 6' centers, 60" deep with Reserve areas as Shown
3.) Pumping Required: Install according to pump plans by Wm. O. McIntosh & Associates dated 7-10-78 & approved
4.) Install Water Supply & Sewage Disposal Systems according to Fairfax County Code

5/6

Signature

Note: Owner or his agent must notify Fairfax County Health Department, Phone 691-2201 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date 3-30-79 Approved _____ (Reviewing Authority) Date 3-29-79 Signed William D. Vermilye R.S. (Sanitarian or Health Director)

LHS - 121 REV. 12/71
Virginia State Department of Health

DUPLICATE

PERMIT TO INSTALL ☒ REPAIR, ☐ REASONS FOR REJECTION ☐
WATER SUPPLY ☒ SEWAGE DISPOSAL SYSTEM ☐

(1) Void after (12) twelve months. (2) Automatically cancelled when site conditions are changed from those shown on permit.
(3) Automatically cancelled should facts later become known that a potential hazard would be created by continuing installation.

FHA/VA ☐ Yes ☐ No Date 5-14-79 Case No. _____

Owner Curtis Builders Address 13754 Lowe St. Chantilly22021 (Mailing Address) Phone 437-1224/790-0041

Occupant _____ Address _____ (Mailing Address) Phone _____

Exact Location of premises 305 Seneca Road, Great Falls, Va. 22066 SENECA FARMS 2-2-002-10
(Subdivision, Street or Road Name, Section or Lot No.)

FOR: ☒ Dwelling ☐ Other _____ Automatic Washing Machine ☒ Yes ☐ No Consumption _____ gal. per day
Actual ☐ Potential ☐ Bedrooms 5 Garbage Disposal Unit ☒ Yes ☐ No (☐ Actual ☐ estimated Water)
Additional wastes _____

(1) WATER SUPPLY (Existing) Class _____ Approved Yes ☐ No ☐ Other _____
(To be installed) Class _____ Cased * ft. to be grouted * ft. * AS PER COUNTY CODES
(Unless supported by positive evidence Class III is to be considered as to be installed.)

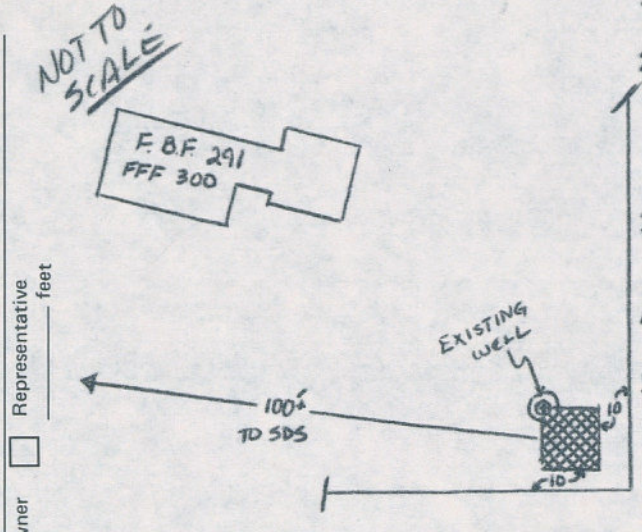
(2) SOIL STUDY Naturally drained, suitable by sight ☐ Yes ☐ No Technical Classification (If Known) _____
Estimated Percolation Rate (Minutes per inch) 1-10 ☐ 11-25 ☐ 26-50 ☐ > 51 ☐ Percolation Test Required ☐ Yes No ☐ Rate (Minutes per inch to nearest 10 minutes) _____
Depth to Grey Mottles _____ inches (estimate over 4 ft.) OTHER _____
Surface drainage required ☐ Yes ☐ No OTHER DRAINAGE _____

(3) HOUSE SEWER LINE Size _____ inches. Type of material required _____. Distance from Water Supply _____ feet.

(4) DETAILS OF CONSTRUCTION Watertight Septic Tank of _____ Material _____ Liquid Capacity _____ gallons.
Inside Dimensions Length _____ feet. Width _____ feet. Liquid Depth _____ feet. Depth of Air Space _____ feet.

(5) SUBSURFACE ABSORPTION FIELD Number of square feet required _____ Type aggregate required _____
Depth of aggregate from base of tile to bottom of ditches _____ inches. Allowable fall _____ to _____ inches.
Total aggregate minimum depth _____ inches or more. Depth of drainfield to be _____ inches from surface of original ground.
Distance from well to septic tank _____ feet; distance from well to drainfield _____ feet.

Rough Sketch of Premises (including adjacent properties if pertinent, Showing Location of Lot Line, Buildings, Water Supplies, Sewage Disposal Systems, Trees, and Other Possible Sources of Contamination of Water Supplies, by Indicating Distances and Slope with regard to one another.



1. This permit is issued to install a NEW drilled well at the above address.
2. Existing drilled well (improperly grouted) must be abandoned by filling the casing with clean sand within seventy (70) feet of the ground surface and the rest with grout cement, after cutting the casing two feet below final grade.
3. Location of the new drilled well is to be ANTWHERE in the shaded area(keep ten feet off side and front property line).
4. Call for water sample when system has been connected to house plumbing and properly disinfected.
5. Install well in accordance with Fairfax Co. Codes.

_____ feet

Signature

Note: Owner or his agent must notify Fairfax Co. Health Department, Phone 691-2201 when installation is ready for inspection. If any Sewage Disposal System, or part thereof, is covered before being inspected by the Health Department, it shall be uncovered at the direction of the Health Director or his agent. CONDITIONS DISCOVERED DURING INSTALLATION MAY REQUIRE ADJUSTMENTS OF SYSTEM DESIGN. Changes from above specifications require Health Department approval before being made.

Based on the above information, the undersigned recommends that this permit be issued.

Date 5/14/79 Approved _____ (Reviewing Authority) Date 5/14/79 Signed _____ (Sanitarian or Health Director)

LHS - 121 REV. 12/71
Virginia State Department of Health

DUPLICATE

PERMIT # 79-152 LOCATION: 305 Sen[redacted] Rd. SENECA TM 2-2-002-10
Subdivision or Tax Map Ref.

PART I

WATER SUPPLY INSPECTION REPORT (To Supplement LHS 143)

Well Installed By VALLEY DRILLING 703 592-3239 Pump Installed By Bell Pump & Well

I. GROUT INSPECTED . . . . . 6-15-79 (Date) cof (Sanitarian)

II. PIPE & ELECTRIC WIRE FROM WELL TO STORAGE TANK APPROVED . . 6-25-79 (Date) cof (Sanitarian)

III. TYPE OF INSTALLATION: [X] PITLESS ADAPTER [ ] PIT (4" Drain) [ ] SURFACE (Drain) 6-25-79 (App. Date) cof (Sanitarian)

IV. STORAGE TANK. . . . . 6-25-79 (Date) cof (Sanitarian)

Gate Valve X — Sample Tap and Backflow Preventer X — Elec. Dis. Switch ✓ NO yes 8/21/79 Case
Check Valve X — Press. Relief Valve ✓

V. INITAIAL WATER SAMPLE COLLECTED. . . . . 8/22/79 (Date) Case (Sanitarian)

DATE	RECORD OF ADDITIONAL REMARKS OR VISITS	DISPOSITION	SANITARIAN
5-14-79	MR. FRANKLIN OF VALLEY DRILLING CALLED TO SAY CURTIS WANTS A NEW WELL. WILL ISSUE NEW.		
5/25/79	Valley Drilling was not able to grout pump house - Appt was cancelled in field	HOLD for Reach.	Case
6/15/79	ABANDONED WELL WAS BEING FILLED	HOLD	cof
8/21/79	Cl2 in H2O - could not sample	HOLD	Case
8/28/79	TOOK MPN Sample	HOLD	Case
9/5/79	W.S. OK	Approved	Case

PART II

SEWAGE DISPOSAL SYSTEM INSPECTION REPORT (To Supplement LHS 141)

DATE	RECORDS OF REMARKS AND VISITS	DISPOSITION	SANITARIAN
3-29-79	Layout done & permit issued	Hold for pump plan Approval	
5/11/79	Approved pump plans		HG.
5-21-79	ENTIRE SDS OK TO BF; Pumps OK. HOLD chamber sealing + extension tube cut (is too long now!)	HOLD FG	cof
6-15-79	SDS needs FG (much excess dirt around S.D.S.	HOLD FG	cof
6-25-79	Same as 6-15-79	HOLD	cof
8/21/79	FG OK - LHS 141 Signed	Approved	Case

FAIRFAX COUNTY HEALTH DEPARTMENT - DIVISION OF ENVIRONMENTAL HEALTH

APPLICATION

☐ FOR PERMIT TO: Install or Repair Sewage Disposal System
Install or Repair Water Supply System

☐ APPROVAL OF BUILDING APPLICATION FOR (Specify): _____

MAP REFERENCE

Plat	Subd.	Blk.	Lot
2-2	002		10

POST OFFICE AND STREET ADDRESS: 305 Seneca Rd.

Seneca . 2 10
SUBDIVISION SEC. LOT

OWNER'S NAME Curtis Builders Phone (H) 437-1224 (O) 790-0041

OWNER'S ADDRESS 13754 Lowe St. Chantilly Va 22021
Street City & State Zip Code

CONTRACTOR'S NAME same Phone _____

CONTRACTOR'S ADDRESS _____
Street City & State Zip Code

RELEASE PERMIT TO: OWNER ✓ BUILDER _____

NEW DWELLING: No of Bedrooms 5 4 Den _____ (yes/no) Bath in Basement No (yes/no)

Method of Sewage Disposal: Public Sewer ___ Septic Tank ✓ Other ___ (describe)

Water Supply: Public ___ Private Well ✓ Other ___ (describe)

5 B.R. Pot JJB

ADDITIONS TO EXISTING DWELLINGS: No. of bedrooms presently in house _____
No of bedrooms to be added: _____
Describe other rooms in addition: _____

Method of Sewage Disposal: Public Sewer ___ Septic Tank ___ Other ___ (Describe)

Water Supply: Public ___ Private Well ___ Other ___ (Describe)

79-152

COMMERCIAL USE: No. of Employees _____ Estimated daily water use ___ gal/day.

APPLICANT SIGNATURE: [signature] DATE _____

****

TO BE FILLED IN BY HEALTH DEPARTMENT Building Permit Appl. No. 16 B0 655

Perc Rate 10 Depth 60 S T P R. No. 02698 P6-4-75
Septic Tank ~~1000~~ Gallons. Absorption Field ~~600~~ 488 linear feet. 8-77
Replacement area required, (yes/no), 305 244 linear feet. 4-77 Res —

REMARKS: _____

Pumps 11

REVIEWED BY: JJB DATE 10-23-79

REVIEWED BY: _____ DATE _____

FAIRFAX COUNTY HEALTH DEPARTMENT
DIVISION OF ENVIRONMENTAL HEALTH

JUN 22 1979

WATER WELL COMPLETION REPORT

OWNER NAME: Curtis Builders PHONE: 437-1224 790-0041

STREET: 13754 Lowe Street

CITY: Chantilly, V STATE Virginia ZIP 22021

WATER SUPPLY CONTRACTOR: Valley Drilling Corp. PHONE 592-3239

ADDRESS: Upperville, (City) Virginia (State) 22176 (Zip)

WELL PROPERTY LOCATION: Address 305 Seneca Road, (Street) Great Falls, (City) 22066 (Zip)

Tax Map No. 2-2-002-10 SUBDIVISION Seneca FARM LT 10

1. WELL DATA: Type Rig Rotary
Total depth (feet) 145
Depth to bedrock 52' Type bedrock blue stone
Date started 5/15/79 completed 5/16/79
Type well: drilled yes, bored ___, Other ___
Class well: I ___, IIA ___, IIB ___, Other code
Well: newX, reworked ___, deepened ___
Well use: Home yes, Agriculture ___
Public ___, Industry ___
Commerical ___, Exploration ___
Recharge ___, Heat Pump ___
Other ___

2. PUMP:
Type ___ Date Installed ___
Location ___
Rated capacity ___ at ___ head
Rated horsepower ___ Intake depth ___ ft.

3. WELLHEAD:
Type well seal ___
Pressure tank ___ gal., Loc. ___
Sample tap ___,
Well vent ___, Pressure relief valve ___
Gate valve ___, Check valve (when required ___
Elec. disconnect switch on power supply ___

4. TEMPORARY DISINFECTION:
Well disinfected ___(yes), ___(no), Date ___
Disinfectant used ___
Amount ___ Contact Time ___ (Hours)

5. ABANDONMENT:
Well abandoned ___(yes), ___(no), Date ___
Casing: None ___, Pulled ___(yes) ___(no)
Plugging material ___
Plugged intervals ___

6. WATER DATA: Temperature 59 °F
Static water level (unpumped level-measured) 43'
Stabilized pumping water level (measured) [illegible]
Downdraw (pumping level minus static level) [illegible]
Yield (stabilized) 15 gpm
Water zones: From ___ ft. To ___ ft.
From ___ ft. To ___ ft.
From ___ ft. To ___ ft.
From ___ ft. To ___ ft.
Water analysis? ___ Where ___
Physical appearance of water. clear
Does well have natural flow ___(yes), ___(no) ___gym

7. HOLE SIZE 10 Inches from 0 to 62 ft.
6 Inches from 62 to 145 ft.
___ Inches from ___ to ___ ft.

8. REAMING ___ Inches from ___ to ___ ft.
___ Inches from ___ to ___ ft.
___ Inches from ___ to ___ ft.

9. CASING 6 Inches from 0 to 62 ft.
Material steel
Wt. per foot 15 or wall thickness ___
___ Inches from ___ to ___ ft.
Material ___
Wt. per foot ___ or wall thickness ___
___ Inches from ___ to ___ ft
Material ___
Wt. per foot ___ or wall thickness ___

10. GRAVEL PACK From ___ to ___ ft.
From ___ to ___ ft.
From ___ to ___ ft.

11. SCREENS ___ Inches from ___ to ___ ft.
___ Inches from ___ to ___ ft.
___ Inches from ___ to ___ ft.
Type ___ Size Openings ___

12. GROUT 0 to 55, ___ to ___
Type cement No. bags cement ___

(Over)

Name: Curtis Builders

GEOLOGIC DATA:

13. DRILL CUTTINGS: State law requires sending well cuttings to State Water Control Board unless exempted. Sample bags provided free upon request. Contact nearest regional office.
Cuttings taken X (yes) __ (no), Exemption __ (yes), __ (no), From _____
Cuttings sent to State Water Control Board __ (yes) __ (no), Where _____

14. PUMPING TEST: When a pumping test is conducted, State law requires sending pumping test log to State Water Control Board. See State Water Control Board RULES of the BOARD or GUIDE for WATER WELL CONTRACTORS and GROUNDWATER USERS for required methods.
Pumping test made __ (yes), __ (no). If "yes", attach pump test log.

15. GEOPHYSICAL LOGS: Geophysical logs made __ (yes), __ (no), Type _____
Please attach copy.

305 SENECA ROAD

16. DRILLERS LOG

DEPTH (Feet) From	DEPTH (Feet) To	TYPE OF ROCK OR SOIL (Color, material, fossils, hardness, etc.)	REMARKS (Water, caving, cavities broken, core, shot, (etc.)	17. Estimated Drilling Time (Min.)
0'	~~42~~ 52'	overburden		
~~52~~ 52'	~~XXX~~ 145'	blue stone		

18. WATER SERVICE PIPE:
Checked under ___ p.s.i for ___ minutes.
Pipe size _____ inches; Material _____;

19. I certify that the information contained herein is true and correct and that this well and/or system has been installed and constructed in accordance with the requirements for well construction as specified in compliance with appropriate county or independent city ordinances and the laws and rules of the Commonwealth of Virginia.

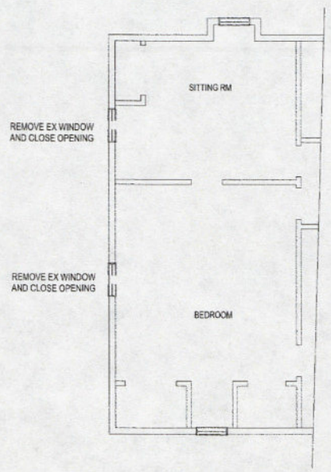
Submit one copy of each Water Well Report to:

1. Fairfax County Health Department
Division of Environmental Health
4080 Chain Bridge Road
Fairfax, Virginia 22030
Telephone 691-2201

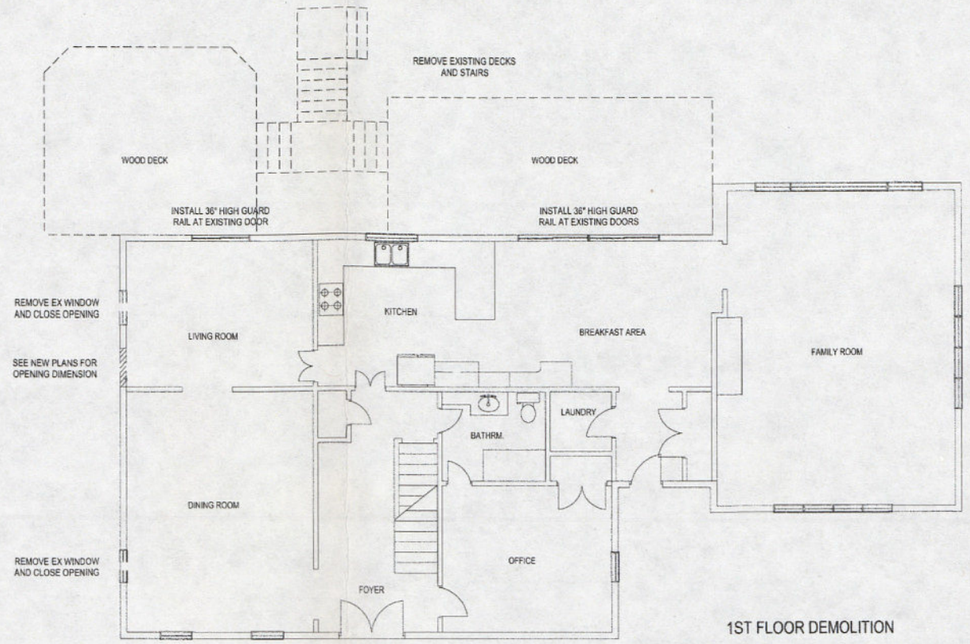
2. State Water Control Board
Northern Virginia Regional Office
5515 Cherokee Avenue, Suite 404
Alexandria, Virginia 22312
Telephone 750-9111

Signature Anna Huff Asst Sec, Date 5/23/79
(Well driller or authorized person)

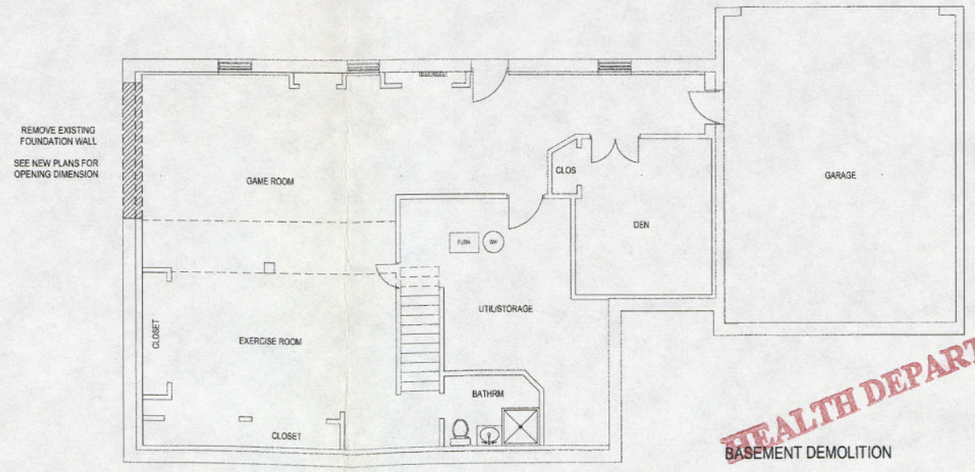
License No. 790801309



SECOND FLOOR DEMOLITION



1ST FLOOR DEMOLITION



BASEMENT DEMOLITION

BENCHMARK
DESIGN GROUP

2800 18th Street South
Arlington, Virginia 22204

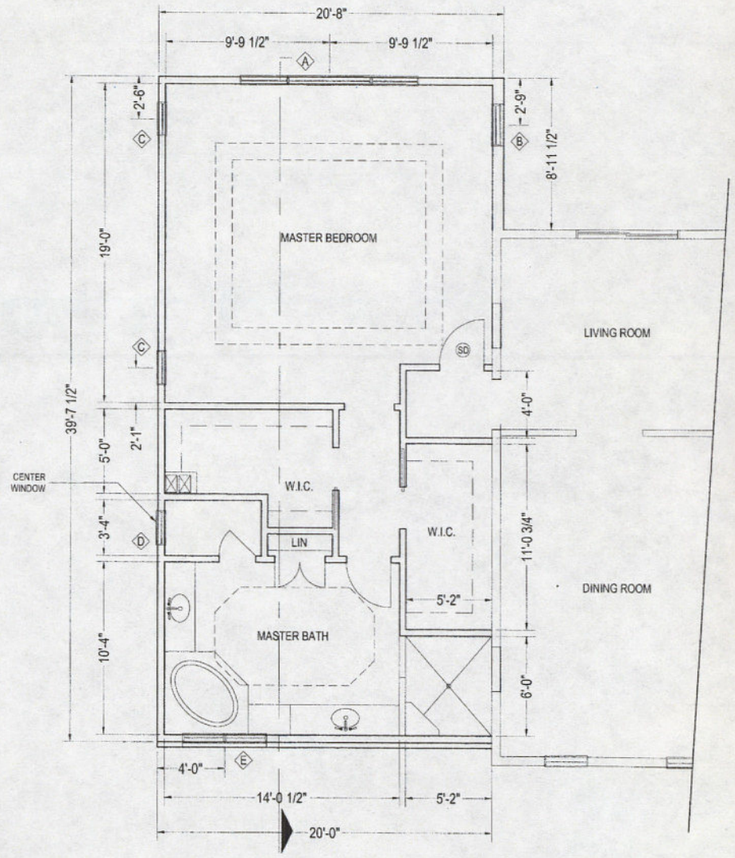
703-920-1286

Revisions

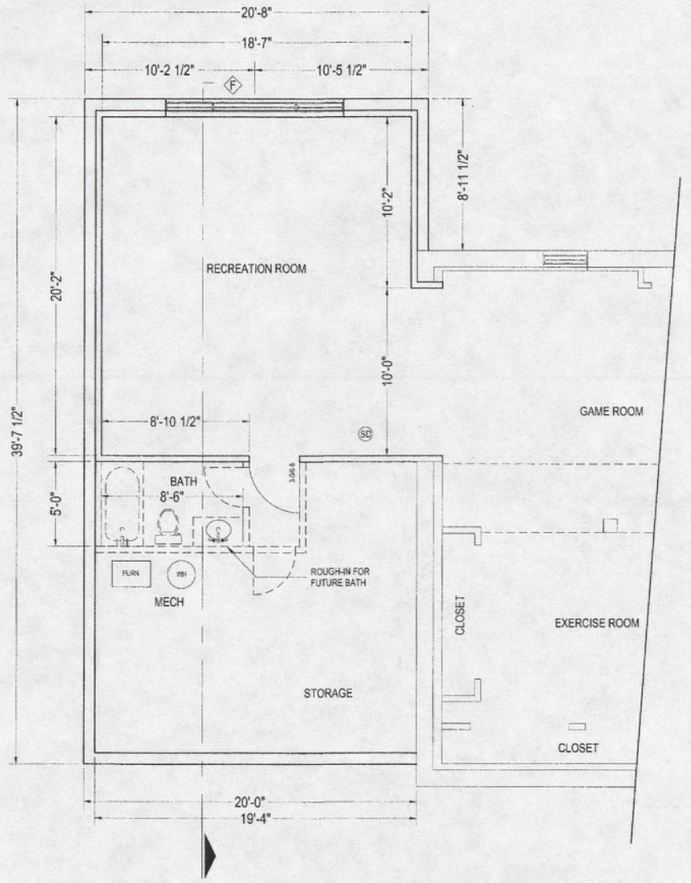
Date	Revision

Project: Lazaro Residence
Location: 305 Seneca Road Great Falls Virginia 22066
Owner: Linda and Ralph Lazaro

Designer: Carter Jones, AIA
Job Number: 07002
Date: 04/05/07
Scale: 3/16"=1'-0" Or As Noted
Title: Demolition Plans
Sheet No.: A-3



1ST FLOOR PLAN



BASEMENT PLAN

GENERAL NOTES:

1. ALL EXTERIOR DIMENSIONS ARE FROM FACE OF SHEATHING.
2. ALL INT DIMENSIONS ARE FROM FACE OF DRYWALL OR SUBFLOOR.
3. DO NOT SCALE DRAWINGS.
4. DIMENSIONS AT WINDOWS ARE TO CENTER LINE OF WINDOW U.O.N.

BENCHMARK
DESIGN GROUP

2800 18th Street South
Arlington, Virginia 22204

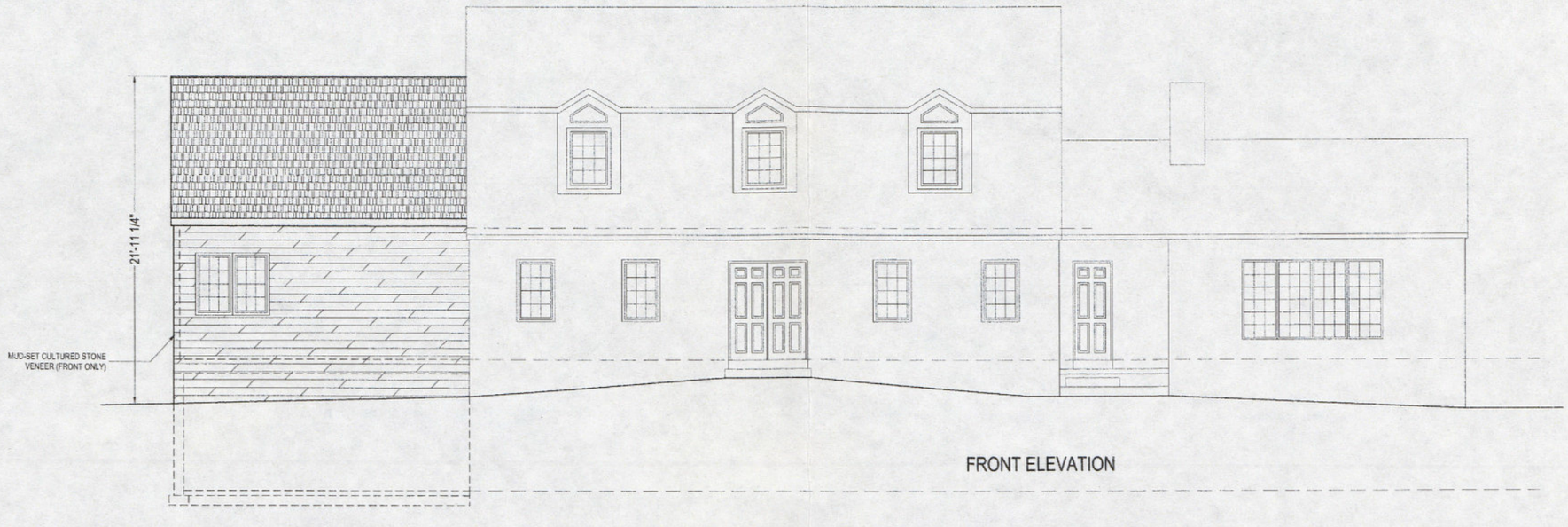
703-920-1286

Revisions

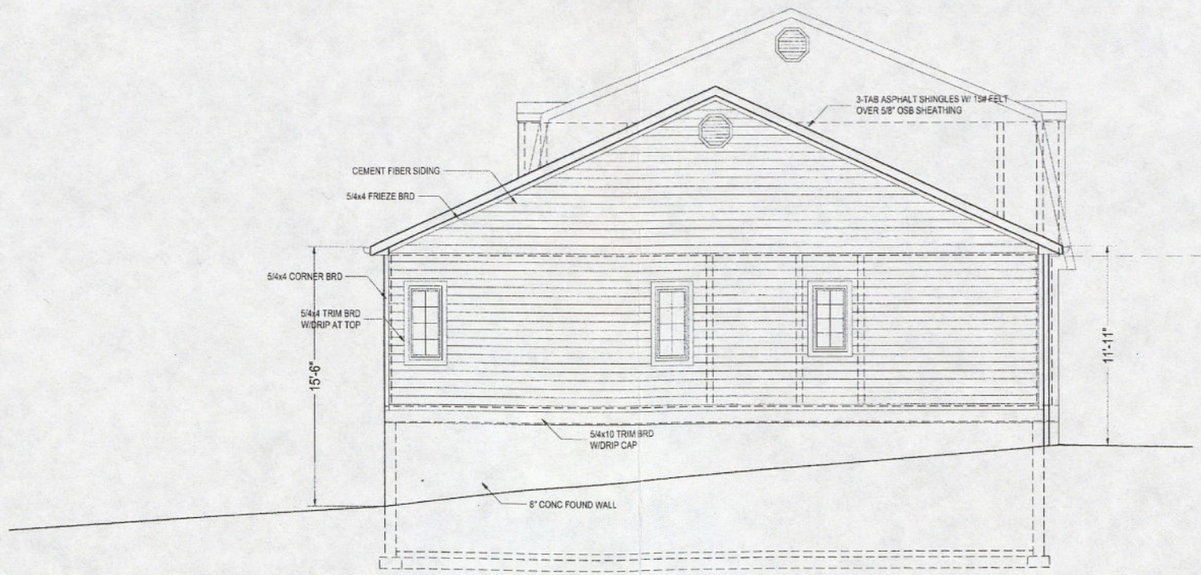
Date	Revision

Project: Lazaro Residence
Location: 305 Seneca Road
Great Falls Virginia 22066
Owner: Linda and Ralph Lazaro

Designer:	Carter Jones, AIA
Job Number:	07002
Date:	04/05/07
Scale:	1/4"=1'-0" Or As Noted
Title:	New Plans
Sheet No.:	A-4



FRONT ELEVATION



RIGHT SIDE ELEVATION

BENCHMARK
DESIGN GROUP

2800 18th Street South
Arlington, Virginia 22204

703-920-1286

Revisions

Date	Revision

Project: Lazaro Residence

Location: 305 Seneca Road
Great Falls Virginia 22066

Owner: Linda and Ralph Lazaro

Designer: Carter Jones, AIA

Job Number: 07002

Date: 04/05/07

Scale: 1/4"=1'-0" Or As Noted

Title: New Elevations

Sheet No.: A-5

ENVIRONMENTAL SERVICES SECTION COMPLAINT REPORT

Area: 1

Subdivision:

Tax Map # 2-2-002-10

Location of Complaint: 305 Seneca Rd (Street) Great Falls, VA (City) 22066 (Zip)

Received By Lynn Jones [ ] Letter [X] Telephone [ ] In Person

Person Responsible for Premises: Ralph Lazaro (Name) 305 Seneca Rd (Address) Phone Number (O) 739-3011 (H) 404-2799

Complainant: Denise w/ Great Falls Septic (Name) (Address) Phone Number

Specific Details of Complaint: Replace 1 pump, 3 floats, 2 check valves, electrical junction box, and pump chamber plumbing (Original pumps: Hydromatic SP50 1/2 HP

4/8/97 Owner was on phone at time of call and verified need for repairs

To Be Investigated By: J. Dickson Date Assigned: 4-23-97

RESULTS OF INVESTIGATION

Was Complaint Justified? [X] Yes [ ] No (Show Dates and Results of Investigation and Re-investigation Below.)

REGISTERED

129-97-0458

DATE	COMMENTS	FOLLOW-UP DATE	INITIALS
4-23-97	Met with G.F.S. on site. 30" diam. Cylind. P.C.		
	Neipel to meet existing single gate valve & overflow.		
	New pump replaced w/ Zoeller N163, other works OK.		
	2 new brass check valves. Utilized existing Elect. Jct. box		
	which is @ grade. Alarm tests ok also (30" Dia only obtainable)	FILE C.	J.A.D.

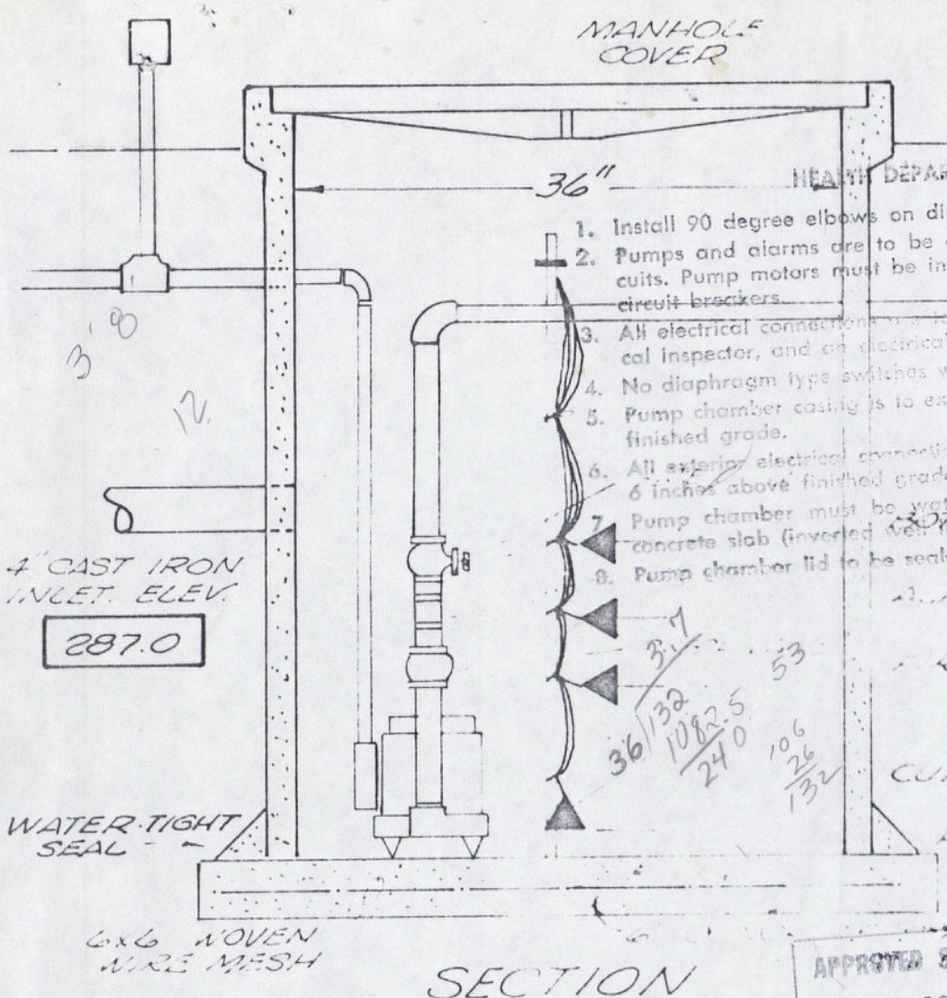
Final Disposal: [ ] Abatement _____ Signature of EHS 4/23/97 Date

[ ] Other _____ Reviewed By: _____ 4/23/97 Date

REGISTERED

FDH-EH-134 REV. 2/96

MECH



SECTION

HEALTH DEPARTMENT NOTES

1. Install 90 degree elbows on distribution box inlets.
2. Pumps and alarms are to be connected to separate electrical circuits. Pump motors must be individually protected with automatic circuit breakers.
3. All electrical connections are to be inspected by the county electrical inspector, and an electrical permit is required.
4. No diaphragm type switches will be approved.
5. Pump chamber casing is to extend a minimum of 12 inches above finished grade.
6. All exterior electrical connection boxes must extend a minimum of 6 inches above finished grade.
7. Pump chamber must be water tight and set in six inches thick concrete slab (inverted bell not acceptable).
8. Pump chamber lid to be sealed with mastic.

APPROVED SUBJECT TO NOTATIONS SHOWN
FAIRFAX COUNTY HEALTH DEPARTMENT
See notes
5/11/79
Date
Health Officer

NOTES:

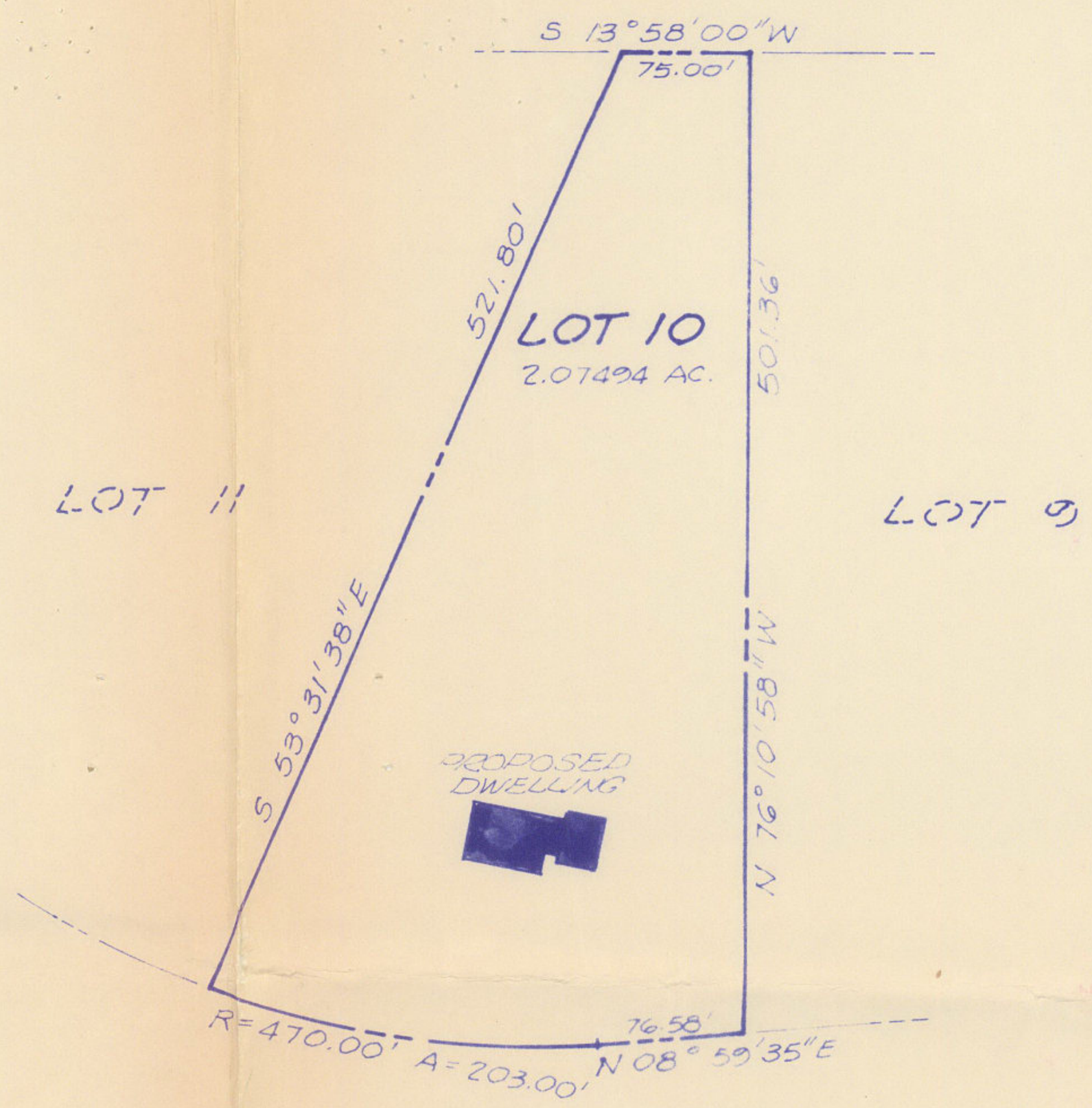
1. ALL CONSTRUCTION SHALL CONFORM TO FAIRFAX COUNTY STANDARDS AND SPECIFICATIONS.
2. INSTALLATION TO BE A DUPLEX SYSTEM WITH ELECTRIC ALTERNATOR CONTROL AND AUDIO-VISUAL ALARM.
3. THE AVERAGE DAILY USAGE IS 400 GALLONS
4. THE MAXIMUM CAPACITY OF THE DRAIN FIELD IS ONE HALF OF THE TOTAL LENGTH (308') 0.5 GAL/FT = 200 GAL.
5. THE VOLUME OF THE PUMP CHAMBER REQUIRED IS 60% OF THE FIELD = 120 GALLONS. (132) GALLONS IS PROVIDED.
6. TOTAL HEAD COMPUTATIONS:
   ELEV. OF FLOW DIVERSION VALVE: 302.0
   ELEV. OF CUT-OFF IN CHAMBER: 284.5
   STATIC HEAD: 17.5
   FROM PUMP CHAMBER TO FLOW DIVERSION VALVE THERE IS THE EQUIVALENT OF 100' OF 2" STD. PIPE. AT 50 GAL. MIN. THE FRICTION LOSS IS 4'
   TOTAL DESIGN HEAD: 21.5'
7. PUMPS TO BE: HYDR-O MATIC SP50M1H ½ HP 3450 RPM

SCALE NONE
DATE 7-10-78
DRAWN ROS
REVISIONS
1-23-79 RELOCATED
2-20-79

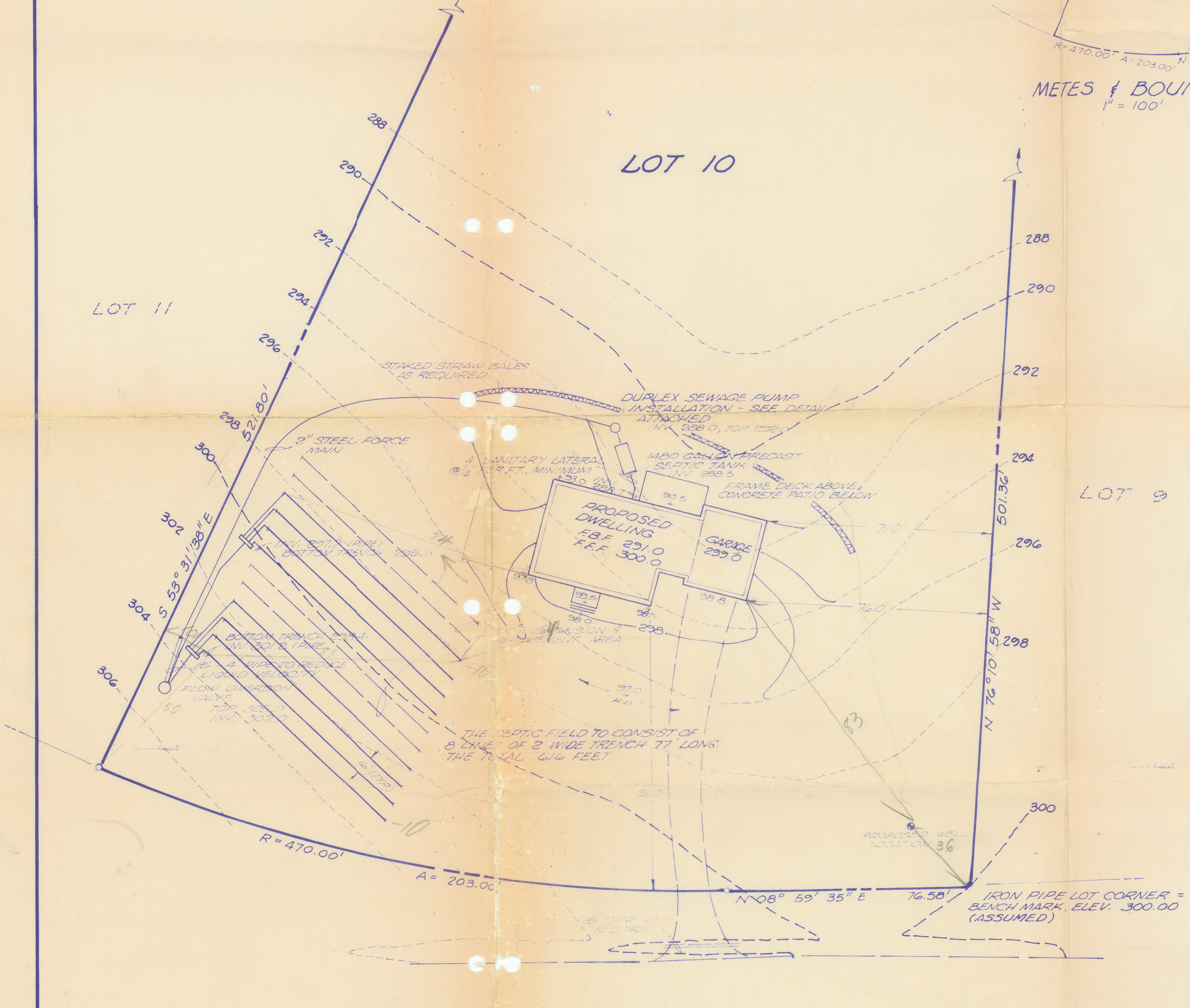
PUMP MANHOLE DETAIL
LOT 10 SECTION 2
SENECA FARMS

WILLIAM O. McINTOSH & ASSOCIATES
PROFESSIONAL ENGINEERS & LAND SURVEYORS
10560 MAIN STREET FAIRFAX VIRGINIA
TELEPHONE 591-1701

SHEET NO



METES & BOUNDS
1" = 100'



SENECA ROAD
30' R.O.W.

SEPTIC FIELD DESIGN

A PERCOLATION RATE OF 10 AT A DEPTH OF 60" WAS ACHIEVED ON THIS LOT. REQUIRED LENGTH OF 2' WIDE TRENCH IN THIS COUNTY IS 122' PER BEDROOM. A 5 BEDROOM DWELLING IS PROPOSED. THEREFORE 5 × 122 EQUALS 610, EQUALS TOTAL TRENCH REQUIREMENT. 616' IS PROVIDED IN THIS PLAN.

LAND CONSERVATION NOTES

NO DISTURBED AREA WILL BE DENUDED FOR MORE THAN 60 CALENDAR DAYS.

EROSION AND SILTATION CONTROL MEASURES ARE TO BE PLACED PRIOR TO OR AS THE FIRST STEP IN GRADING.

ELECTRIC POWER, TELEPHONE AND GAS SUPPLY TRENCHES ARE TO BE MULCHED AND SEEDED WITHIN 15 DAYS AFTER BACKFILL.

ALL TEMPORARY EARTH BERMS, DIVERSIONS AND SILT DAMS ARE TO BE SEEDED FOR TEMPORARY VEGETATION COVER WITHIN 10 DAYS AFTER GRADING. STRAW OR HAY MULCH IS REQUIRED.

STORM SEWER INLETS WILL BE PROTECTED BY USE OF ADEQUATE SILT BASINS DURING CONSTRUCTION.

ALL STORM AND SANITARY SEWER LINES NOT IN STREETS ARE TO BE MULCHED AND SEEDED WITHIN 15 DAYS AFTER BACKFILL.

PERMANENT VEGETATION WILL BE ESTABLISHED AS RAPIDLY AS POSSIBLE ON ALL EXPOSED CUTS AND FILLS.

TEMPORARY VEGETATION WILL BE APPLIED UPON COMPLETION OF ROUGH GRADING ON ALL OTHER DISTURBED AREAS WHERE SUCH AREAS WILL NOT BE BUILT UPON FOR A PERIOD OF 90 DAYS.

ANY DISTURBED AREAS NOT PAVED, SODDED OR BUILT UPON BY NOVEMBER 1, OR DISTURBED AFTER THAT DATE, ARE TO BE SEEDED. WITHIN 15 DAYS WITH OATS, ABRUZZI RYE, OR EQUIVALENT AND MULCHED WITH HAY OR STRAW AT THE RATE OF TWO TONS PER ACRE.

NOTICE REQUIRED

Contractors shall notify operators who maintain underground utility lines in the area of proposed excavation or blasting, at least two working days, but not more than ten working days prior to commencement of excavation or demolition in accordance with Section 10(a) of Chapter 6B of the Fairfax County Code. Names and telephone numbers of the operators of underground utility lines in Fairfax County appear below. These numbers may also be used to serve emergency condition notice as required by Section 15(b) of Chapter 6B of the Code.

Columbia Gas Pipeline Co.	759-2115
Plantation Pipeline Co.	780-3350
Colonial Pipeline Co.	273-5525
Commonwealth Tele. Co.	(703)670-3118
Tri-County Electric Co-op.	(703)777-2041
Falls Church Water Service	(703)532-0800
Fairfax City Water Service	273-7900
Town of Vienna Water Service	938-8007 ex 241
Town of Herndon DPW	437-1000
Washington Gas Light Co.	MISS UTILITY (301)559-0100
Transco Gas Pipeline Co.	
Chesapeake & Pot. Tel. Co.	
Va. Elec. & Power Co.	
Fairfax Co. Water Authority	
Fairfax Co. San. Sewer Div.	
Prince William Elec. Co-op.	
Columbia Gas of Va.	
A.T.&T. Co.	

APROVED FOR GRADING
this Sheet
W. N. Smith 17 Sm
Date 10-31-78
TYPE IV

INITIAL APPROVAL
NOV 02 1978
Dep ZONING ADMINISTRATOR

APPROVED
DIVISION OF DESIGN REVIEW
10-31-78 BY [signature]
DATE DIV. DIRECTOR OR HIS AGENT

and

FAIRFAX COUNTY HEALTH DEPARTMENT
Division of Environmental Health
Approval of plat plan only.
This is not a permit to install a water supply or a sewage disposal system.
10/23/78

All underground utility lines and utility easements must be located a minimum of 4 feet from all subsurface disposal systems.

All water service lines must be located a minimum of 10 feet from all subsurface disposal systems.

V.D.H. PERMIT REQUIRED

GRADING PLAN
LOT 10 SECTION 2

SENECA FARMS

DRANESVILLE DISTRICT, FAIRFAX COUNTY, VIRGINIA
SCALE: 1" = 20'
SEPTEMBER 20, 1978

Mc INTOSH & ASSOCIATES
10560 MAIN ST. FAIRFAX, VIRGINIA
SURVEYING · ENGINEERING · LAND PLANNING

R. O. Spencer
R. O. SPENCER
LAND SURVEYOR

TAX MAP REFERENCE : 2-2-((2))-10

78-82